



CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) POLICY

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road,
Bicester, Oxfordshire, OX26 6HR

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DOCUMENT INFORMATION

Author: John Dunn, Head of Risk and Security.

Ratifying committee/group: Health, Safety and Risk Group.

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1. Introduction

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Etc., Act (HSWA) 1974 and all subordinate regulations, in particular the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and this includes having arrangements in place to prevent staff from being exposed to substances hazardous to health.

2. Scope

- 2.1 This policy applies to all who work for or carry out work on behalf of the Trust, including volunteers, work experience students and contractors who potentially could be exposed to substances hazardous to health whilst on Trust premises or whilst working for the Trust.

3. Equality statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity (protected groups) or any other basis not justified by law or relevant to the requirements of this policy or function. The Trust will therefore take every possible step to ensure that this policy or function is applied fairly, paying due regard to people from protected groups where there may be a potential for any impact upon them.
- 3.2 The Trust values differences between members of the communities we serve and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences to ensure equality of opportunity and diversity and remove any barriers that could potentially discriminate. Anyone exercising their rights and entitlements under these regulations will suffer no detriment as a result. The Trust is entrusted to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 The Trust is committed to ensuring equality of opportunity and the absence of unfair discrimination is provided for all employees and patients in line with the Equality Act 2010. We aim to demonstrate this equality of opportunity by removing barriers for example, an employee or patient has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee or patient is not disadvantaged at any stage in the procedure.
- 3.4 We seek to demonstrate our commitment to providing equality of opportunity by:
- Ensuring that everyone is treated fairly and with respect.
 - Making sure that our workspaces are safe, secure and stimulating place for everyone.
 - Recognising that people have different needs and understanding that treating people equally does not always involve treating them all exactly the same.

- Recognising that some people need extra support to help them make progress.
- Aiming to make sure that no-one experiences harassment, less favourable treatment or discrimination because of:
 - Age
 - Disability
 - Race
 - Gender
 - Gender re-assignment
 - Religion and belief
 - Sexual orientation
 - Marriage and civil partnership
 - Being pregnant or having recently had a baby.

4. Aim

4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management and control of substances hazardous to health within the Trust and to provide and maintain a safe working environment.

4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:

- the identification of substances hazardous to health and the protection of staff, and others who work for or on behalf of the Trust such as volunteers, work experience students and contractors and also those who might be affected by the work of the Trust from exposure to these substances
- the carrying out of suitable and sufficient risk assessments on preventing staff volunteers, work experience students and contractors from being exposed to substances hazardous to health
- the introduction and maintenance of control measures to eliminate, control and minimise exposure to substances hazardous to health to staff, volunteers, work experience students and contractors and also those who might be affected by the work of the Trust
- the management and control of risks from substances hazardous to health
- the regular review of these risk assessments.

5. Roles and responsibilities

5.1 Trust Board

5.1.1 The Trust Board will ensure that there suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to staff and others who work for or on behalf of the Trust such as volunteers, work experience students and contractors from exposure to substances hazardous to health.

5.2 Chief Executive

5.2.1 The Chief Executive has overall responsibility for:

- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management and control of the risks to staff, volunteers, work experience students and contractors from exposure to substances hazardous to health.
- ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements for providing, so far as is reasonably practicable, a safe workplace which includes preventing staff, volunteers, work experience students and contractors from exposure to substances hazardous to health.
- ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

5.3 Executive Directors

5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

5.4 Executive Director of Patient Care and Service Transformation/Chief Nurse

5.4.1 The Executive Director of Patient Care and Service Transformation/Chief Nurse is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Executive Director of Patient Care and Service Transformation/Chief Nurse is responsible for ensuring:

- that workplace health, safety and welfare procedures are constantly reviewed, including those for the management and control of exposure to substances hazardous to health
- that there are arrangements in place for liaising with the Health and Safety Executive (HSE) and NHS England
- that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law
- that the Trust Board are also made aware of the number of reported incidents of substances hazardous to health incidents.

5.5 Managers and Supervisors

5.5.1 All Managers and Supervisors are responsible for:

- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area or responsibility comply with this policy and any associated protocols and procedures
- encouraging all staff within their area of responsibility to report all incidents involving exposure to substances hazardous to health, including any near misses and/or issues of concern, using the Trust's Incident reporting system, Datix
- ensuring that members of staff are given all necessary support and advice in the event of them being exposed to substances hazardous to health (including where necessary being referred to Occupational Health)

- arranging for the investigation of incidents involving exposure to substances hazardous to health reported by the staff within their area of responsibility
- ensuring that they notify the Risk Team immediately of any serious exposure to substances hazardous to health within their area of responsibility; and also of any staff who following this exposure go off work (or are incapacitated from doing their normal job) for over seven days
- carrying out or assisting with the carrying out of any risk assessments on preventing staff and others from being exposed to substances hazardous to health
- ensuring that the significant findings of these assessments are communicated to staff within their area of responsibility; and this includes all information about the potential and significant hazardous substances and risks associated with the work they carry out for the Trust; and how to avoid exposure to these substances and what they should do if they are exposed
- ensuring that any measures identified by the risk assessment which they have control over are put into place
- ensuring, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place and communicated to staff
- seeking advice on substances hazardous to health, where necessary from the Trust's Head of Risk and Security and the Health, Safety and Security Officer
- where necessary, referring any staff who have been exposed to substances hazardous to health whilst at work to Occupational Health for assessment and health surveillance.

5.6 All Staff

5.6.1 All Staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to follow the Trust's and their base location's specific procedures and protocols regarding substances hazardous to health; and if they are working on another organisation's premises and there is any conflict between the Trust's protocols and the organisation's protocols, they should report the matter using the Trust's incident reporting procedure, Datix
- to comply with any information, instruction and training provided for them to enable them to carry out their work safely and avoid any exposure to substances hazardous to health
- to take reasonable care for their own health, safety and that of others who may be affected by their acts or omissions
- to carry out a dynamic risk assessment when approaching and arriving at scene and if there is the potential for exposure to substances hazardous to health, they should consider whether it would be safer to withdraw and seek assistance and/or request assistance from the Clinical Co-ordination Centre and the Trust's On-Call Tactical Advisor. When making this assessment consideration should also be paid to the impact upon the patient
- to co-operate with the Trust in relation to the completion of any risk assessment on preventing or controlling exposure to substances hazardous to health
- to utilise any personal protective equipment and other equipment provided to protect them from exposure to substances hazardous to health and ensure

their safety; and report any defects with this equipment using the Trust's Incident reporting system, Datix

- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures
- to report any incidents of exposure to substances hazardous to health, including near misses and/or issues of concern, arising from the carrying out of their work, using the Trust's incident reporting system, Datix
- to attend the Occupational Health department, if referred by their manager because of exposure to substances hazardous to health.

5.7 Head of Risk and Security

5.7.1 The Head of Risk and Security is responsible to the Executive Director of Patient Care and Service Transformation/Chief Nurse for the development of effective policies and procedures to assist the Trust in providing a safe and secure environment for staff, patients, volunteers, students and contractors and thereby help to eliminate, prevent, control and/or reduce exposure from substances hazardous to health. This may also help to reduce the number of reported incidents involving exposure to substances hazardous to health and the number of potential claims.

5.7.2 The Head of Risk and Security will also carry out or assist with the carrying out of suitable and sufficient risk assessments on substances hazardous to health. They will also advise managers and staff on the chemical hazards associated with their work and what should be considered in any associated risk assessment.

5.7.3 The Head of Risk and Security will ensure that there are arrangements in place for the reporting of all notifiable incidents, involving SCAS Staff being exposed to substances hazardous to health, in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 to the Health and Safety Executive (HSE) within the specified timeframes.

5.8 Health Safety and Security Officer

5.8.1 The Health, Safety and Security Officer will assist and support the Head of Risk and Security and the Trust by carrying out or assisting with the carrying out of suitable and sufficient risk assessments on preventing exposure to substances hazardous to health.

5.8.2 The Health, Safety and Security Officer will provide specialist advice to line managers and teams by:

- Supporting investigations, safety audits and inspections. Developing a comprehensive COSHH risk assessment register and associated safe systems of work
- Instigating and monitoring area wide action plans arising from the risk assessment process as necessary
- Analysing exposure to substances hazardous to health-related incidents for reporting to the Health, Safety and Risk Group
- Raising awareness of the risks associated with substances hazardous to health through campaigns, articles in Staff Matters and possible Hot News bulletins.

5.8.3 The Health, Safety and Security Officer will also ensure that all reported incidents involving SCAS staff being exposed to substances hazardous to health which are notifiable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 are reported to the Health and Safety Executive (HSE) within the specified timeframes.

5.9 Clinical Coordination Centre

5.9.1 The Clinical Co-ordination Centre (CCC) will respond to any requests for assistance from staff who find themselves at an incident where there is a significant risk of them being exposed to substances hazardous to health. Upon receipt of this request, the CCC will inform the Hazardous Area Response Team (HART) and the Trust's On-Call Tactical Advisor.

5.10 Hazardous Area Response Team

5.10.1 The Hazardous Area Response Team (HART) will, if required, respond to incidents, including emergencies, where there is a risk of SCAS staff being exposed to substances hazardous to health, particularly those involving biological hazards, see section 12 below.

5.11 Occupational Health Department

5.11.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:

- a) to advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements
- b) to assess any managers and staff who have been referred to Occupational Health with suspected work-related ill-health and to advise the Trust of the action that should be taken
- c) to carry out assessments of medical fitness on staff prior to employment
- d) to carry out assessments and advise on the manager or staff member's suitability to return-to-work following an injury sustained at work and/or exposure to substances hazardous to health
- e) to provide health surveillance
- f) to provide a physiotherapy service. Any member of staff requiring the service is advised to contact the Occupational Health Provider through the relevant HR departments
- g) to provide a comprehensive rehabilitation programme for staff who have been exposed to substances hazardous to health and meet certain criteria to assist in their recovery to a safe level of fitness so that they can return to work.

6. Definitions

Substance means any natural or artificial substance in the following forms: a solid, a liquid, a gas, a dust, a mist or vapour (including micro-organisms).

A **substance hazardous to health** is defined as: A substance (including a preparation) which has been classified as very toxic, toxic, harmful corrosive or irritant for which the Health and Safety Executive (HSE) has approved a workplace exposure limit; and this includes biological agents and dusts.

Workplace exposure limit is the exposure limit for that substance as determined by the Health and Safety Executive.

A **biological agent** which means any micro-organism (bacteria, viruses, fungi), cell culture or human endoparasite, including any which have been genetically modified which may cause infection, allergy, toxicity or otherwise create a hazard to human health.

Dust of any kind when present in a substantial concentration in the air, namely in concentrations in the air equal to or greater than 10 mg/m³ (as a time weighted average over an eight hour period) of inhalable dust or 4mg/m³ (as a time weighted average over an eight hour period) of respirable dust.

Inhalable dust is an airborne material which is capable of entering the nose and mouth during breathing.

Respirable dust is an airborne material which is capable of penetrating the gas exchange region of the lung.

Micro-organism is a microbiological entity, cellular or non-cellular, which is capable of replication or of transferring genetic material.

Carcinogen is any substance or preparation which is classified as being carcinogenic and is known to cause cancer.

Mutagen is something which can cause heritable genetic damage.

Pathogen is a bacterium, virus, or other micro-organism that can cause disease.

7. Substances hazardous to health which are covered by the COSHH Regulations 2002

7.1 The Control of Substances Hazardous to Health Regulations 2002 applies to a wide range of substances, preparations and also mixtures of two or more substances with the potential to cause harm if they are inhaled, ingested or come into contact with the skin and/or are absorbed through the skin or other body membranes.

7.2 These can include individual chemical substances or preparations such as paints, cleaning materials, pesticides and insecticides. They can also include:

- Biological agents such as pathogens or cell cultures or viruses
- Harmful micro-organisms
- Substances that have been assigned an occupational exposure standard (OES) or a maximum exposure limit (MEL)
- 'Substantial' quantities of dust
- Any substance creating a comparable hazard e.g. blood.

7.3 Substances hazardous to health may also be classified as follows:

- Carcinogens, Mutagens and Teratogens which prevent the correct development and growth of body cells. Carcinogens cause or promote cancer; Teratogens cause abnormal development of the embryo, producing still birth or birth defects; Mutagens can alter cell development and can cause genetic changes in future generations

- Agents of Anoxia – vapours or gases, which reduce the oxygen in or prevent the body using it effectively. Carbon dioxide, carbon monoxide and hydrogen cyanide are examples
- Narcotics – produce dependency, and act as depressors of brain functions. e.g. organic solvents.

7.4 Substances hazardous to health can occur in many forms, including solids, liquids, vapours, mists, gases and fumes. They can also be simple asphyxiants or biological agents.

8. Substances hazardous to health not covered by COSHH

8.1 The Control of Substances Hazardous to Health Regulations 2002 applies to virtually all substances hazardous to health with exception of the following:

- Asbestos and Lead (which have their own specific regulations)
- Biological agents (if they are not connected with the work activity and they are outside the employer's control, such as a common cold)
- Substances which are hazardous because they are:
 - Radioactive
 - Simple asphyxiants
 - At high pressure
 - At extreme temperature
 - Have explosive properties
 - Have flammable properties.

All of the above are all covered by other regulations.

9. Inventory of all substances hazardous to health and safety data sheets

9.1 The Risk Team working with Procurement and Operations will devise an inventory of all substances hazardous to health in use within the Trust. They will also obtain the relevant safety data sheets from the suppliers of these hazardous substances so that the necessary substances hazardous to health risk assessment can be carried out. A training needs analysis will follow the addition of each item to the inventory.

10. Suitable and sufficient control of substances hazardous to health (COSHH) risk assessments

10.1 All identified substances hazardous to health used within Trust premises by Trust staff, or those working for or on behalf of the Trust, including students on work placement and contractors shall be subject to the risk assessment process. Suitable and sufficient risk assessments shall be carried out using the Trust's Control of substances hazardous to health (COSHH) risk assessment form, see appendix 2.

10.2 These suitable and sufficient risk assessments on all identified substances hazardous to health in use within the Trust will be carried out by the appropriate manager with, where necessary, assistance from the Trust's Head of Risk and Security and the Health, Safety and Security Officer. Where necessary, specialist advice will be sought from the Trust's Infection Control Lead and Occupational

Health. This will be done to ensure that the health and safety of staff, volunteers, students on work placement and contractors are protected so far as is reasonably practicable.

- 10.3 Using the information from the respective safety data sheet (SDS) for the substance and observing how the substance is used, the suitable and sufficient COSHH risk assessment should identify the hazards and the existing control measures in place (if any) to protect staff and others from those hazards and from this evaluate the level of risk. The level of risk should be reduced to the lowest level so far as is reasonably practicable. Therefore, it may be necessary to introduce further additional control measures to manage and control the risks effectively. The significant hazards, risks and control measures should be recorded on the risk assessment form.
- 10.4 When carrying out the suitable and sufficient risk assessments the following, where applicable, should be considered:
- the form that the substance hazardous to health takes (namely, a solid, a gas, a vapour, a fume, including mixtures of compounds, micro-organisms or natural minerals such as flour, stone or wood dust)
 - the hazardous properties of the substance
 - the storage of the substance
 - information on health effects obtained from the relevant safety data sheet
 - the work activity and how exposure occurs
 - the level of exposure
 - the amount of substance involved
 - the workplace exposure limit and the occupational exposure limit
 - the preventative and control measures in place
 - any additional control measures required
 - the results of any health surveillance
 - the results of any monitoring of exposure
 - the approved classification of any biological agent
 - any relevant additional information.
- 10.5 The risk assessment should be reviewed periodically to check and ensure that all of the control measures that are in place are working effectively.
- 10.6 The risk assessment should be reviewed and revised following any significant changes to any aspect of the risk assessment. For instance, if there is a change in working practices or changes to the workplace/working environment; and/or the results of any monitoring show it is necessary. All revisions and changes to the risk assessment should be recorded.
- 10.7 Other than the above, the risk assessment should also be reviewed annually.
- 10.8 The significant findings of the risk assessments should be communicated to and made accessible to all staff (and contractors and other site users as necessary).
- 10.9 Copies of all of the completed control of substances hazardous to health risk assessments should be kept for at least 5 years (longer where they need to be cross referenced with health surveillance records) and be available for inspection

by union representatives. Where health surveillance is undertaken, Occupational Health must keep surveillance records for 40 years.

11. Identification and consideration of suitable control measures

11.1 When identifying suitable control measures consideration should be given to the hierarchy of controls below:

- **Eliminate** – Does the substance have to be used? If not, it should be disposed of carefully and within guidelines for its disposal. If the substance has to be used, consideration should be given to limiting the quantities in storage and in use at one time
- **Substitution** – Could another less hazardous substance be used instead? e.g. substituting water-based adhesive for a solvent based adhesive
- **Enclosure/Isolation** – Could the workplace be re-designed or reconfigured in such a way so that the substance is contained?
- **General Ventilation** – Windows and doors being opened, extraction fans etc.
- **Local Exhaust Ventilation** – The use of local exhaust ventilation (routine maintenance must be included within control measures)
- **Safe Systems of Work** – these should be in writing and communicated to staff (using/potentially exposed to the substance hazardous to health) so that they are aware of the safe operating procedures they should follow to protect themselves from exposure in normal circumstances and also the emergency procedures that should be taken. The safe system of work or safe operating procedure should also state the duration of exposure
- **Personal Protective Equipment (PPE)** – This is the control measure of last resort because it only protects the individual wearing it (rather than everyone who may be exposed to the substance). If PPE is provided, then in order for it to be effective it must be suitable for the task and the environmental conditions, it must be fitted correctly, free from any damage, stored appropriately and where necessary maintained accordingly.

12. Biological hazards

12.1 The Trust does not intentionally carry biological specimens of either a human or an animal nature, nor do its activities involve a deliberate intention to work with or use biological agents. However, this does not preclude the possibility of conveying an amputated body part as a result of an accident.

12.2 The Trust recognises that the nature of its business means that it is likely that staff will come into contact with blood borne pathogens such as Acquired immune deficiency syndrome (AIDS)/Human immunodeficiency virus (HIV) or Hepatitis classified in Group 2 in Schedule 3 of the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

12.3 Where it is known that a patient has contracted a Group 2 type illness caused by a pathogen, this will be communicated to the attending crew so that they can take the necessary precautions. Bearing in mind that staff attending to patients should always take standard precautions.

12.4 If staff have been exposed to a blood borne pathogen such as HIV, then the Trust has arrangements in place to provide them with post prophylaxis treatment.

12.5 The Trust also recognizes that staff could come into contact with biological hazards in:

- Group 3 in Schedule 3 of the COSHH Regulations 2002. These biological hazards can cause severe human disease and be spread to the community, but there is usually effective prophylaxis or treatment available
- Group 4 in schedule 3 of the COSHH Regulations 2002. These biological hazards can cause severe human disease and be spread to the community and there is usually no effective prophylaxis or treatment available. For patients who pose this type of risk then the Hazardous Area Response Team (HART) would be engaged to attend to and convey the patient.

13. Health surveillance

13.1 The Trust has arrangements in place via the Occupational Health Department, to provide, where necessary, health surveillance to staff who have been exposed to substances hazardous to health in the course of their work.

13.2 In accordance with statutory requirements, the records of any health surveillance will be maintained and held by the Trust for a period of no less than 40 years.

14. Emergencies involving substances hazardous to health

14.1 If there are any emergencies involving substances hazardous to health then the Trust's On-Call Tactical Advisor must be contacted and informed. The Hazardous Area Response Team (HART) may be called to attend. If necessary, the Fire & Rescue Service will also be called to attend.

14.2 The designated emergency procedure will be stated on the relevant control of substances hazardous to health assessment risk assessment and will be communicated to relevant staff.

15. Training

15.1 Managers and staff will receive training in accordance with the Trust's training needs analysis and its statutory and mandatory training programme.

15.2 Managers and Supervisors who have to carry out risk assessments on preventing and controlling exposure to substances hazardous must obtain training in how to do so from the Risk Team prior to undertaking any risk assessments as per this policy.

15.3 The staff using the substances hazardous to health must be given information about the associated hazards and risks and the control measures, including the PPE required and also any emergency measures. Where necessary, staff should also be given instruction and training on the same.

15.4 Where necessary, staff using substances hazardous to health should be supervised whilst carrying out their work activities to ensure that they are following the safe systems of work and are applying any information, instruction and training.

16. Equality and diversity

- 16.1 An initial screen equality and diversity impact assessment has been carried out on this policy and, as per appendix 4, is available on request.

17. Monitoring

- 17.1 The effectiveness of this policy will be monitored by the Head of Risk and Security providing an annual report to the Health, Safety and Risk Group on the number of control of substances hazardous to health risk assessments completed and/or reviewed in a financial year.

18. Consultation and review

- 18.1 A consultation exercise on the policy will be carried out with the stakeholders every three years, or less if there are any relevant changes to legislation or best practice.

19. Implementation (including raising awareness)

- 19.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

20. References

- Health and Safety at Work Etc., Act 1974
- Control of Substances Hazardous to Health Regulations 2002
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Workplace Health, Safety and Welfare Regulations 1992
- Provision and Use of Work Equipment Regulations 1992 (Amended 1998)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

21. Associated documentation

- 21.1 There are also the following documents associated with this policy:

- Health and Safety Policy and Procedures
- Incident Reporting Policy
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Policy
- Infection Prevention, Control and Decontamination Policy
- Personal Protective Equipment (PPE) Policy
- Risk Management Strategy.

22. Appendix 1: Review Table

- 22.1 This policy is regularly reviewed and updated with information in line with relevant national guidance and legislation. A full 'Review Table of Contents' is available on request.

23. Appendix 2: Control of Substances Hazardous to Health Risk Assessment Form

Risk Assessment form available on request

24. Appendix 3: Responsibility

- 24.1 The responsibility for this policy is shared between various Policy Groups, Lead Director/Officers, Working Groups and Committee members.
- 24.2 A full list of all responsible parties can be made available upon request.

25. Appendix 4: Equality impact assessment - Screening

- 25.1 An initial screening equality impact assessment has been carried out and has identified that the policy does not have an adverse or detrimental impact on any of the proscribed equality groups as the policy is designed to protect all staff who carry out work for or on behalf of the Trust.
- 25.2 The screening element of the initial 'Equality Impact Assessment' is available on request.

26. Appendix 5: Equality impact assessment form – Section Two – Full assessment

- 26.1 Due to the outcome of the initial screening equality impact assessment, it has not been necessary to carry out a full equality impact assessment.

27. Appendix 6: Ratification

Policy Title: Control of Substances Hazardous to Health (COSHH) Policy.

Author's Name and Job Title: John Dunn, Head of Risk and Security.

Review Deadline:

Consultation From – To (dates): 21/2/23 to 13/3/23.

Comments Received? (Y/N): Y.

All Comments Incorporated? (Y/N): Y.

If No, please list comments not included along with reasons: Comments about including restraining in this policy were not applicable.

Equality Impact Assessment completed (date): 20/2/2023.

Name of Accountable Group: Health, Safety and Risk Group.

Date of Submission for Ratification: 15/3/2023.

Template Policy Used (Y/N): Y.

All Sections Completed (Y/N): Y

Monitoring Section Completed (Y/N): Y.

Date of Ratification: 4/4/2023.

Date Policy is Active: 13/4/2023.

Date Next Review Due: April 2026.

Signature of Accountable Group Chair (or Deputy):

Name of Accountable Group Chair (or Deputy): Paul Kempster, Chief Operations Officer.